

Notice Type:

Combined Synopsis/Solicitation

Synopsis:

Added: Jun 23, 2011 7:22 am Modified: Jun 23, 2011 8:11 am

Title: Comprehensive Workplace Health Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Employee Population

This is a combined synopsis/solicitation for commercial items prepared in accordance with the format in Subpart 12.6, as supplemented with additional information included in this notice. This announcement constitutes the only solicitation; proposals are being requested and a written solicitation will not be issued. Solicitation No. 2011-N-13420 is issued as a request for proposal (RFP). This solicitation document and incorporated provisions and clauses are those in effect through Federal Acquisition Circular 2005-51. This procurement is a Total Small Business Set Aside . The associated NAICS code is 541612. The total period of performance under this contract shall be 24 months from date of award. The is a Fixed Price Award Fee contract with cost reimbursable travel.

Proposal Instructions

Your submission should include three separate proposals, Technical, Business, and Past Performance.

The following attached documents are an integral component of this synopsis/solicitation:

1. Contract Line Items
2. Evaluation Criteria
3. Terms and Conditions
4. Quality Assurance Surveillance Plan with Performance Requirements Summary
5. SF 3881, ACH Vendor/Miscellaneous Payment Enrollment Form
6. Deliverables

Questions regarding this requirement shall be emailed to Gordon D. Barritt at ins4@cdc.gov by June 30, 2011, 2:00 pm EDT. Follow-up/additional questions will not be accepted after this date. Answers to submitted questions will be posted to FedBizOpps by July 5, 2011.

Please send one 1) hardcopy and three (3) Compact Disc (CD) copies of the technical, business, and past performance proposal to:

Centers for Disease Control and Prevention
ATTN: Gordon D. Barritt
2920 Brandywine Road
Atlanta, GA 30341-5539

Proposals in response to this requirement are due on or before August 8, 2011, 4:30 EDT.

Facsimile and email proposals are not authorized.

1. Technical Proposal

The Contractor shall limit the technical proposal to 50 single-sided pages (not including appendices and exhibits), 8 1/2 by 11 inch paper of 12-point font. Pages exceeding the specified limit will be removed and not forwarded for evaluation. The narrative plan must include a technical approach & plan of operation, staffing & management work plan, proposed deliverables, and key deadline dates. In addition, the Contractor must provide a description of corporate qualifications and past/similar experience to demonstrate the company's ability to successfully complete assignments of comparable size and complexity.

Proposals which merely offer to conduct a program in accordance with the requirements of the Government's statement of work will not be eligible for award. The technical proposal should be in as much detail as considered necessary to reflect a clear understanding of the nature of the work being undertaken.

The technical proposal must not contain reference to cost; however, resource information, such as data concerning labor hours and categories, materials, subcontracts, etc., must be contained in the technical proposal so that the Offeror's understanding of the work can be evaluated.

2. Business Proposal

The price proposal shall include the total price for the entire project, and shall be broken down by the task activities as set forth in the statement of work. Pricing shall be a firm fixed priced, with a cost reimbursable Travel Line Item, and an Award fee determined by the Government.. The budget should be included as an appendix in an Excel spreadsheet, with an itemized budget per task, including itemized budgets for any subcontracted work. Budgets, staff hours, and other direct costs should be organized around the tasks and related deliverables described in the SOW. Offerors shall propose a payment shcedule with invoices based on completion of defined milestones or specified deliverables. Invoices shall not be based on level of effort expended, time frames, or percentage of completion.

3. Past Performance Information

Offerors shall submit the past performance as a separate volume. The Offeror should include 2 contracts with similar requirements as described in the statement of work completed during the past three years and all contracts currently in process for both the Offeror and all proposed major subcontractors. Additionally, the contractor shall include any contracts discontinued within the past three years and reasons for discontinuation. Contracts listed may include those entered into by the Federal Government, agencies of state and local governments, and commercial customers. Offerors that are newly formed entities without prior contracts should list contracts and subcontracts as required above for predecessor companies, corporate officers, proposed key personnel who have relevant experience, or subcontractors that will perform major or critical aspects of the requirement. The following information should be included in each contract:

- Name of the contracting organization;
- Contract number;
- Description of services provided under the contract and the ways the services performed are relevant to the services required under this solicitation;
- Names, addresses, telephone numbers, e-mail address (if known) and the facsimile numbers of the Contracting Officer and the Project Officer for all Government contracts. Names, addresses, telephone numbers, e-mail address (if known) and the facsimile numbers of private sector contacts equivalent to a Federal Project Contracting Officer and Project Officer (operations manager);
- The dollar value of the contract;
- Contract type (firm-fixed, cost-plus-fixed-fee, etc.);
- Period of performance;
- Place of performance;
- The number and type of personnel assigned in the performance of the contract;
- Information on problems encountered on the identified contracts and the Offeror's corrective actions;
- Copies of the most recent Past Performance Evaluation issued to the Offeror under each contract listed.

The Government will evaluate the quality of the Offeror's past performance as it relates to accomplishing the requirements of the Performance Work Statement. Evaluation of past performance will be a subjective assessment based on a consideration of all relevant facts and circumstances. By past performance, the Government means the Offeror's record of conforming to specifications and standards of good workmanship; the Offeror's record of forecasting and controlling costs; the Offeror's adherence to contract schedules and terms, including the administrative aspects of performance; the Offeror's reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the Offeror's business-like concern for the interest of the customer and the degree of quality of deliverables and performance.

Performance Work Statement

Background & Need:

The workplace and the health of the workers within it are inextricably linked. Ideally, workplaces should not only protect the safety and wellbeing of employees but also provide them opportunities for better long-term health and enhanced quality of life. Effective workplace programs, policies, and environments which are health-focused and worker-centered have the potential to significantly benefit employers, employees, their families, and communities. As the nation's premier public health agency, the Centers for Disease Control and Prevention (CDC) helps protect the health and safety of all people in our schools, communities, homes and workplaces through prevention. The workplace can specifically protect and promote health through programs, policies, and practices that have the potential of reaching millions of workers, retirees, and their families.

The Affordable Care Act of 2010 elevates prevention as a priority providing unprecedented opportunities for health promotion and disease prevention. For example, it establishes the National Prevention, Health Promotion, and Public Health Council, involving more than a dozen federal agencies, will develop a prevention and health promotion strategy for the country.; creates the Prevention and Public Health Fund (PPHF) to support evidence and practice-based community and clinical prevention and wellness strategies; and requires new plans to cover recommended preventive services at no cost.

Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities to make healthy lifestyle choices. They increasingly look to CDC and other public health experts for guidance and solutions to combat the effects of chronic diseases on their employees and businesses. Workplace health programs not only benefit individual employees but also make good business sense.

A top concern for many employers is health care costs:

- In 2007, private health insurance obtained through the workplace for individuals less than 65 years of age was the major source of insurance covering 157.9 million people or 61.6% of the population.
- In 2007, private health insurance paid for 36% of personal health expenditures, which include services such as physician visits, hospital care, dental care, prescription drugs, and nursing home care. Together these personal health expenditures account for 84% of national health care expenditures in 2007.
- Since 2000, average health insurance premiums for a family of four have increased by 114% proving costly for both employers and employees.
- In 2010, average annual premiums for employer-sponsored coverage were \$5,049 for single coverage and \$13,770 for family coverage.

The costs of health insurance can be even more of a burden for small employers as can the cost of premiums for their employees.

- Sixty-eight percent of companies with fewer than 200 employees offered health insurance to their workers in 2010.
- Fifty-four percent of small companies (3-199 employees) that do not offer coverage reported the high cost of health insurance as the reason for not offering health benefits in 2010.
- While workers' contributions for single coverage in small (3-199 employees) and large (200 or more employees) companies was fairly similar in 2010 (\$865 annually vs. \$917 annually), employees of smaller employers paid substantially more annually than those of larger employers for family coverage (\$4,665 compared to \$3,652).

The Impact of Chronic Disease on Health Costs.

Each year in the United States, chronic disease such as heart disease, stroke, cancer, and diabetes cause 7 in 10 deaths and account for about 75% of the \$2 trillion spent on medical care.

- In 2010, the economic costs of cardiovascular diseases and stroke were estimated at \$444.2 billion, including \$272.5 billion in direct medical expenses and \$171.7 billion in indirect costs.
- In 2007, medical costs attributed to diabetes included \$27 billion for care to directly treat diabetes, \$58 billion to treat diabetes-related chronic complications attributable to diabetes, and \$31 billion in excess general medical costs
- In 2008, the estimated health care costs related to obesity were \$147 billion

Indirect costs for employers associated with poor employee health, including absenteeism, presenteeism, disability, or reduced work output, may be several times higher than direct medical costs. Productivity losses related to personal and family health problems cost US employers \$1,685 per employee per year, or \$225.8 billion annually.

Preventing health problems is one of the few known ways to stem rising health care costs. When employers pay more for insurance and employee health care, they have less money to invest in the company and may be forced to pay lower wages or shift health care costs to their employees. The ACA aims to control health care costs for individuals and employers through evidence and practice-based prevention and wellness strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. The promise of this strategy would keep workers healthier for longer periods of time, help protect their economic security, reduce health care related burdens and expenditures, and improve disability and

productivity outcomes. For most employers, chronic diseases-such as heart disease, stroke, cancer, obesity, and diabetes-are among the most prevalent, costly, and preventable of all health problems.

Much of the illness, disability, and death associated with chronic diseases are avoidable through known prevention measures such as:

- Practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use); and
- Timely and appropriate access to clinical preventive services that can prevent disease, detect risk factors for a disease, and/or diagnose a disease in its earliest stages when it is easier to treat (e.g., screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression).

Narrowing the tremendous gap between what we know is effective and what employers do to improve the health, well-being, and productivity of their employees represents an important opportunity for improving the health of working adults. Health-related programs, policies, and benefits proven to prevent disease and promote health are available to employers. The Guide to Community Preventive Services (www.thecommunityguide.org) summarizes many effective health interventions applicable to worksite settings. However, studies suggest that many employers are not purchasing or implementing these evidence-based interventions. Possible reasons include cost, lack of understanding of health issues and effective interventions, inadequate staffing or capacity to implement programs, and a lack of publicly available tools and resources. Many of these reasons are particularly relevant for small- to medium-sized companies. Furthermore, the strategies companies use to address employee health vary by available resources, management and employee needs and interests, and by which health issues are a priority for them.

CDC is committed to utilizing sound science to improve the health of working adults while addressing the major concerns of today's employers. Within CDC's National Center for Chronic Disease Prevention and Health Promotion, the Workplace Health Initiative serves as the focal point for worker health. It includes promoting the following public health goals:

- Creating the standard for what employers should do; and how to measure progress.
- Increasing the number of employers that provide workplace health promotion programs.
- Improving the quality of employer's efforts.

The Workplace Health Initiative promotes the following comprehensive approach to health promotion and disease prevention for working adults.

Comprehensive Workplace Health Programs

Building a workplace health program should involve a coordinated, systematic and comprehensive approach. A coordinated approach to workplace health results in a planned, organized, and comprehensive set of programs, policies, benefits, and environmental supports designed to meet the health and safety needs of all employees. A comprehensive approach looks to

put interventions in place that address multiple risk factors (e.g., overweight, poor nutrition, lack of physical activity) and health conditions (e.g., diabetes, musculoskeletal disorders, heart disease and stroke) concurrently and recognizes that the interventions and strategies chosen influence multiple levels of the organization including the individual employee and the organization as a whole.

An integrated approach to total worker health

Workplace health promotion programs are more likely to be successful if occupational safety and health is considered in their design and execution. In fact, a growing body of evidence indicates that workplace-based interventions that take coordinated, planned, or integrated approaches to reducing health threats to workers both in and out of work are more effective than traditional isolated programs. Integrating or coordinating occupational safety and health with health promotion may increase program participation and effectiveness and may also benefit the broader context of work organization and environment.

The systematic process of building a workplace health promotion program emphasizes four main steps:

1. an assessment to define employee health and safety risks and concerns and describe current health promotion activities, capacity and needs
2. A planning process to develop the components of a workplace health programs including goal determination; selecting priority interventions; and building an organizational infrastructure
3. Program implementation involving all the steps needed to put health promotion strategies and interventions into place and making them available to employees
4. An evaluation of efforts to systematically investigate the merit (e.g., quality), worth (e.g., effectiveness), and significance (e.g., importance) of an organized health promotion action/activity

Statutory Program Authority

This program is authorized by section 1703(a)(2) and 1703(a)(4) of the Public Health Service Act as amended (42 U.S.C.300u-2).

Program Overview and Strategy

CDC is aware of the limitations among individual employers particularly small to medium-sized employers for implementing effective workplace health programs such as resource constraints, lack of understanding of health issues and effective interventions, inadequate staffing or capacity to implement programs, and a lack of publicly available tools and resources. The funds released through this mechanism are intended to support the establishment of a core workplace health program in small and large worksites. The focus of the workplace health program will be to build worksite capacity for sustained program continuation that introduces interventions that target the workplace environment and policies as well as employee lifestyle behaviors including those related to physical inactivity, poor nutrition, and tobacco use that lead to increased risk for chronic disease.

Specifically, the Contractor shall recruit cohorts of either small or large employers to participate in the program. The Contractor will plan, develop, and administer a core workplace health program in each participating worksite within the cohort forming a national network of employer cohorts (herein referred to as the national network). The Contractor will participate in activities including technical assistance and training, communications, networking/mentoring, partnership/coalition development, and a national evaluation of the program to provide broad-based support to the national network.

This initiative will use evidence-based and best practice workplace programs, policies, practices, and environmental supports to maximize employee engagement and participation; raise employee awareness and education around health; and establish a work environment to change unhealthy behaviors and lifestyle choices to reduce employee risk for chronic disease while ensuring that employees are protected against potential discrimination. Possible execution strategies include conducting health risk assessments, lifestyle counseling and coaching, tobacco free campus policies, creating worksite access and opportunity for physical activity.

Performance Objectives:

The purpose of this request is to obtain the services of a firm with the expertise, capacity and reach into the employer community on a regional basis to engage and recruit 7 groups of 10-15 employers (herein referred to as cohorts) and lead the cohorts through the process of building a core workplace health program (WHP) in each worksite within the cohorts which includes the following components: assessment of employer and employee needs, interests and existing capacity; a planning process resulting in a workplace health improvement plan to guide the worksite through program development; implementation and evaluation of programs, policies and practices to address employee lifestyle risk factors related to physical activity, nutrition, and tobacco use; building a program infrastructure within each worksite for long-term sustainability including evaluation, wellness committees, and leadership (CEO/C-Suite) support; and participation in activities facilitated by CDC to lend broad-based support to the national network. The following performance objectives have been established for this request:

- 1) Recruit and secure the commitment of employers forming 7 cohorts of 10-15 employers each to participate in the program;
- 2) Demonstrate organizational commitment and support of worksite health promotion at all levels of management in each employer in the cohort;
- 3) Create a work environment in each worksite setting in the cohort that promotes and supports positive work organization and health opportunities for employees and their family members;
- 4) Establish baseline data for each worksite setting in the cohort to enhance the sustainability of the workplace health program over time;
- 5) Implement all elements of a core workplace health program that are evidence-based, sustainable and replicable in all worksites in the cohort, while ensuring compliance with all applicable federal and state laws, including, but not limited to, the

nondiscrimination provisions included in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Employee Retirement Income Security Act (ERISA) of 1974, and the Genetic Information Nondiscrimination Act (GINA) of 2008;

6) Promote peer to peer healthy business mentoring among participating employers in the cohort;

7) Participate in activities to bring broad-based support to the national network, facilitated by CDC, which includes technical assistance and training, communications, and a national evaluation of the program.

Desired Outcomes:

At the end of the project period, the Contractor will be considered successful if the following outcomes have been achieved:

- Participating worksites have a functional core workplace health program in place
- Participating employers have created a viable work environment that supports a culture of health.
- The Contractor has captured and reported key success drivers involved in the establishment of a core workplace health program including elements from assessment through evaluation.
- Participating employers and employees have raised their level of knowledge and awareness of healthy lifestyle behaviors targeting physical activity, nutrition, and tobacco use as well as workplace and community resources that support healthy lifestyles.
- Participating employers and employees have increased their access and opportunity to engage in healthy lifestyle activities through the workplace and surrounding community.
- The Contractor maintains and complies with defined requirements, is effectively managed, and is fully functional.

Description of Work:

The Contractor shall develop and implement a comprehensive workplace health protection and promotion program plan to recruit employers into cohorts and establish and administer a comprehensive workplace health program at worksites within the cohort that addresses key employee lifestyle risks including physical inactivity, poor nutrition, and tobacco use. The plan shall reflect the appropriate use of evidence-based and promising workplace health programs, policies, and practices to reach all employees in a given worksite.

A detailed description of the tasks and deliverables to be accomplished during the project period is outlined below. General requirements include the following:

- The Contractor will furnish all necessary labor, materials, supplies, equipment, and services to perform the work set forth below.
- The Contractor will secure all necessary clearances such as the Institutional Review Board (IRB) and Office of Management and Budget (OMB) approvals related to data collection.

- The Contractor must possess the national capacity and reach as well as expertise that will allow it to effectively recruit employers of various sizes and industry sectors and work with them to develop, implement, and administer workplace health programs of similar complexity and scope across the national network.

Task 1: Program Kick-Off and Regular Communications

The Contractor will meet with CDC staff within two weeks of the Effective Date of the Contract in a kick-off meeting in order to gain a thorough understanding of the Comprehensive Health Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Workplace ; review procedures/guidelines for support of the national network; review the strategy, goals, objectives, and associated tasks related to this program; and form a cohesive group of program stakeholders that includes representatives from CDC, a national program evaluator, and other partners.

Following the kick-off, the Contractor will participate in regular biweekly teleconference meetings that will guide the development of the cohorts and national network. CDC will provide the names and contact information for the project team members.

The Contractor will work with CDC to establish a communication system for the program using, as appropriate, e-mail, conference calls, and face-to-face meetings to work with the CDC program team.

Task 2: Identify, Select, and Recruit Seven Employer Cohorts to Participate in the National Network

The Contractor shall produce an employer recruitment and marketing plan that includes the following components:

1. Determination of the 7 geographic region(s) - where the Contractor will establish employer cohorts. Each employer cohort will be confined to a localized geographic area such as a town, city, or county ensuring participating employers easy access to and hands on involvement with Contractor staff at the worksite and opportunities for networking and mentoring among employers in each cohort such as having regional offices and staff in or near localities where cohorts are established.

The Contractor shall ensure that the 7 employer cohorts are distributed across the country according to HHS Region Map (<http://www.hhs.gov/about/regionmap.html>). The Contractor shall establish 1 cohort representing HHS Regions 1-3; 1 cohort representing HHS Region 4; 1 cohort representing HHS Region 5; 1 cohort representing HHS Region 6; 1 cohort representing HHS Regions 7-8; 1 cohort representing HHS Region 9; and 1 cohort representing HHS Region 10. Given that all employers in the each cohort must reside in the same localized geographic area, the Contractor will need to select the specific locality within the multi-state HHS Regions where the workplace health programs will be established. For example, the Contractor could choose to establish a cohort in Travis County, TX home to Austin, TX and representing HHS Region 6.

2. Selection of the composition of the 7 employer cohorts. Each employer cohort will consist of 10-15 individual employers. Each cohort will either consist of small employers (100 or less full-time employees), mid-size employers (101-250 full-time employees) or large employers (more than 250 full-time employees). The Contractor must strive for diversity within the

cohort with respect to the industry sector of the individual employers as well as localities with high population prevalence of obesity and/or tobacco use, or other known health disparities (identified through a population health database).

Eligible employers must have the following characteristics:

- Demonstrated leadership commitment and support from the CEO/C-Suite including a commitment to allow employees to fully participate in voluntary workplace health protection and promotion program activities such as by allowing flexible scheduling of program activities
- Cannot currently have in place a workplace health program that consists of a majority of the interventions described in Task #5 and will expand existing efforts by implementing interventions, as described in task #5, not currently in place as part of their worksite health promotion.
- Only Domestic employees and worksites will participate
- For the largest employers (those with 500 or more full-time employee), the ability of the employer to invest a matching amount of funds, equal to those provided by the Contractor \$50,000, into the company's workplace health program. This can include staff time related to the workplace health council or committee or support for additional interventions implemented during the project period.

CDC desires to work with approximately equal numbers of small, medium-sized, and large employers across the 7 cohorts representing multiple industry sectors. For example the Contractor may propose to establish three cohorts of small employers each consisting of 10 companies (30 total); 2 cohort of 15 mid-size employers (30 total); and 2 cohorts of large employers each consisting of 12 companies (24 total).

3. A recruitment protocol including the employer identification and engagement strategy including prioritization selection strategies for high levels of employer demand, and marketing and advertising materials including actual copies of all advertisement materials that will be used to recruit employers. Such materials include but are not limited to, flyers, videos or audio presentations regarding the comprehensive workplace health programs and national network and the final copy of printed advertisements. CDC will review recruitment methods and materials in order to ensure that such materials/methods are non-coercive and do not unduly influence employers to participate or the Contractor to recruit ineligible prospective employers. COTR will review for compliance and respond to the Contractor within 5 business days.

a. The recruitment protocol must include information that the Contractor will use to explain to prospective employers the elements of the core workplace health program; the expectations of the participating employer and the benefits of participation, as well as a letter of support for the employer CEO/C-Suite to sign indicating commitment to the program and working with the Contractor over a 24 month project period.

4. The Contractor shall document the all steps involved recruiting employers to participate including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

Task 3: Engage CEO/C-Suite Leadership in Participating Worksites and Conduct Baseline Worksite Assessment through Worksite Site Visits

The Contractor shall develop and execute a site visit and assessment plan that includes the following components:

1. The Contractor will ensure that the data collection tools and methods used during the assessment phase are coordinated with the national evaluation of the program such as consistent use of instruments allowing for comparison among and between employer cohorts.

2. Conduct a site visit and kick-off meeting for participating employers. The purpose of the site visit would be to engage employers and employees through structured meetings with the organization's leadership (CEO/C-Suite) to outline goals and expectations for the workplace health program; gaining input and feedback from employees, managers, and senior executive leaders on their health and safety needs, concerns or interests; begin to understand what health and safety risks are present, how are they monitored?, and what is currently being done to address them?; and begin to develop a trusting relationship with the employer and employees in order to garner high voluntary participation rates.

3. Conduct assessment activities to gather baseline data on employees and the organization. The Contractor shall collect appropriate worksite assessment information necessary for the successful planning , implementation, and evaluation of the core workplace health interventions. Worksite assessment will involve data collection at both the individual (3a below) and organizational level (3b below).

a. At the individual level, the Contractor will assess elements of an employee's health, such as their health behaviors related to physical activity, nutrition, and tobacco; health risk factors such as high blood pressure and overweight/obesity; and current health status. The Contractor will be required to conduct a health risk assessment with demographic questions to accomplish the employee assessment.

b. At the organizational level, the Contractor will assess elements of the workplace structure, culture, practices and policies related to health and safety such as health benefits, health promotion programs, occupational health programs, work organization, and leadership and management support (CEO/C-Suite) for workplace health and safety initiatives.

Additionally, environmental elements of the physical workplace such as facilities and settings where employees work as well as access and opportunities for health promotion provided by the surrounding community where employees live will be explored. The Contractor will be required to conduct organizational readiness assessment, environmental audit, culture

survey, and/or hold meetings with leadership, employee, and their representatives (e.g., unions if applicable) to accomplish the organizational assessment.

4. In order to get an accurate sense of the dynamics of the workplace and the key health issues of concern to employees and the employer, the Contractor will obtain a variety of viewpoints within each participating worksite and corroborate findings from several sources of information such as management interviews, employee focus groups, labor representatives, records and documents, or surveys.

5. Document the processes involved in collecting, maintaining, protecting the confidentiality, and reporting of individual employee and organizational health data in accordance with applicable laws and regulations, including, but not limited to, GINA, HIPAA, the Patient Protection and Affordable Care Act (PPACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). The contractor will take steps to ensure that data collected on individual employees is only provided to the employer in an aggregate form so as not to identify individual employers as well as discriminate against any employee.

6. The Contractor shall document all steps taken in engaging company leadership (CEO/C-Suite) and conducting baselines assessment including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

NOTE: As applicable, the Contractor shall prepare the Institutional Review Board (IRB) and/or Office of Management and Budget (OMB) clearance packages for data collection activities. The timeline for securing these packages can take months and need to be started as soon as the data collection instruments have been identified within the first 4-6 weeks of the award.

Task 4: Establish a Site-level Organizational Structure

The Contractor shall develop and execute a workplace governance and infrastructure plan that includes the following components:

1. Introduce the contract staff member who will serve as the workplace health coordinator for the employers within a cohort as well as any additional contractors who will support the coordinator. The coordinator will oversee the workplace health program, chairs and regularly convenes the workplace health committee, and oversees the program budget. The coordinator will be the primary liaison between the employer and Contractor.

2. Establish a workplace health council or committee. The committee should have representation from a broad range of organizational units, human resources and occupational health and safety personnel, workers and their representatives (e.g., unions), and supervisors (including managers from multiple shifts if appropriate). The level of influence by employees should reflect the level of authority and expertise they have in other business functions. The council or committee will assist the workplace health coordinator in developing a plan and design to guide actions to improve health and promote the program throughout the worksite.

3. Establish site-level champions. At least one champion will be a senior executive who can demonstrate organizational commitment to the workplace health program by consistently communicating to all levels of the organization the workplace health program's goals, objectives, and activities; serve as a role model to employees; dedicate additional resources or matching funds to the workplace health program.

4. Establish community linkages/leverage community resources and ongoing programs such as Communities Putting Prevention to Work (<http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/index.html>), non-profits such as the American Cancer Society or Y-USA to help facilitate and enhance employee education and awareness; access and opportunity to participation in the workplace health program; and reinforce health messages and lifestyles skills outside of work. Additionally, each cohort of employers can draw upon each other's experience and knowledge through networking and mentoring to advance the workplace health program at each site.

5. The Contractor shall document all steps taken in establishing the site-level organizational structure including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

Task 5: Establish a Site-level Workplace Health Improvement Plan

The Contractor shall develop and execute a workplace health improvement plan for each participating worksite that includes the following components:

1. Specific, measurable goals and objectives for the workplace health program that are aligned with overall business objectives

2. Determination of the core set of interventions to be implemented. Each employer worksite within the cohort will implement a core set of 3-5 evidence-based interventions that include a mix of interventions such as health-related programs (e.g., education, seminar, and coaching), health-related policy, and environmental supports and are targeting physical activity, nutrition, and/or tobacco use in the employee population. The interventions selected are designed to change individual behavior and the work environment.

Examples of workplace health program components and strategies include:

- a. Program - opportunities available to employees at the workplace or through outside organizations to begin, change or maintain health behaviors.
 - i. Classes or seminars on fitness, nutrition, tobacco cessation or stress management
 - ii. Weight management programs that offer counseling, coaching, and education
 - iii. Physical activity classes or walking clubs
 - iv. Tobacco cessation counseling through a quitline, or health plan
 - v. Lifestyle coaching or counseling
 - vi. Signage related to program components
 - vii. Information resources such as brochures, videos, posters, pamphlets, newsletters, or other information that addresses the risks of physical inactivity, poor nutrition, and tobacco use
- b. Policy - formal or informal written statements that are designed to protect or promote employee health.
 - i. Company policies that promote healthy behaviors such as a tobacco-free campus policy
 - ii. A policy that healthy foods will always or exclusively be made available at all company meetings or functions where food is served.
 - iii. A food procurement policy that limits the sale of food and beverages high in sodium, calories, trans fats, or saturated fats
 - iv. A policy allowing employees paid work time or flextime (i.e., flexible scheduling) to engage in workplace health program activities such as physical activity programs.
- c. Environmental Support - refers to the physical factors at and nearby the workplace that help protect and enhance employee health.
 - i. Access to onsite or near-by fitness facilities
 - ii. Worksite stairwell enhancement and promotion
 - iii. Making healthy foods available and accessible through vending machines or cafeterias
 - iv. Menu labeling/signage including nutritional information on calories, sodium, trans fats, and saturated fats.
 - v. Providing employees with food preparation and storage facilities such as a microwave ovens, sinks, refrigerators, and/or kitchens
 - vi. Establishing an onsite Farmer's Market
 - vii. Establishing environmental supports for recreation and exercise such as establishing walking/running trails; utilize multi-purpose space for physical activity classes, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower and changing facility
 - viii. Create a work environment free of recognized health and safety threats with a means to identify and address new problems as they arise

The interventions selected must be consistent across the employers in each cohort ensuring some uniformity and shared learning across the cohort to the extent possible taking into consideration unique contextual factors present at the worksite such as employee interests, industry sector, and specific workplace barriers and constraints. Additionally, interventions selected as the core set of interventions should include multiple strategies to address a common risk such as using a program element, policy element, and environmental support to address nutrition. For example, a cohort of small employers

in Travis County, TX are all working with the Contractor on implementing interventions to improve the food environment in their worksites including establishing onsite Farmer's Markets (policy/environmental), nutrition education and weight management classes (program), and labeling on foods served in cafeterias and vending machines (environmental). The employers in a second cohort in Seattle, WA are all working with the Contractor on implementing interventions to improve physical activity access and opportunity including establishing a walking club (program), marking an outdoor walking trail around the worksite (environmental), and allowing employees flextime during the day to participate (policy).

All programs must be made available to all employees at no cost to them.

The contractor will use ready-made interventions and not use resources available through this task order to develop interventions (e.g., health education curricula, health coaching models, policy templates, methods for enacting environmental supports). Tailoring existing interventions and protocols to meet the unique needs of individual employers participating in the program is appropriate. The Contractor will need to be aware of the individual worksite employee population needs related to age, health literacy, or disability status and interests and identify appropriate interventions for the employee population. For example, a web-based education program would not be appropriate in certain construction firm work environments where the majority of employees do not have access to computers at work.

The Contractor should also be aware, especially during the selection of interventions and the designing of policies to protect, promote or implement such interventions, of any federal and/or state laws that may apply to worksite wellness programs, generally. Such laws include, but are not limited to, the nondiscrimination provisions included in the Health Insurance Portability and Accountability Act (HIPAA), the Employee Retirement Income Security Act (ERISA), and the Genetic Information Nondiscrimination Act (GINA). All program elements must be consistent and comply with relevant workplace health laws and regulations. The contractor should document the steps taken to adhere to and comply with these relevant workplace health laws and regulations.

3. Timelines for action showing specific action steps and dates by which they will be completed and staff responsible.

4. A communications plan that includes:

- a. Creating a brand identity for the program;
- b. Creating materials and messages to reach all employees in support of the program goals
- c. Leveraging multiple communications channels (e.g., email, print, kiosk, bulletin board, web, in person) to reach and engage all employees in support of program goals including newer technologies such as social media
- d. Marketing the program to all employees
- e. Processes to share the results and progress of the programs with leadership (CEO/C-Suite) and employees to build

engagement and trust;

f. Raising employee awareness of workplace health and safety risks and opportunities for health protection and promotion.

5. An evaluation plan including process and outcomes measures

a. Measures related to the process of establishing and delivering the interventions and building the infrastructure as well as quality assurance of all program elements;

b. Methods to report on employee engagement through program participation and satisfaction with program delivery and services;

c. Pre/post assessment in aggregate employee health behaviors and risk factors; employee intention to make lifestyle changes;

d. Methods to capture lessons learned; success stories at individual worksites and across the cohort; and culture changes within the worksite;

e. Absenteeism Indicators and metrics pertaining to health-related productivity.

6. An itemized budget with key resources such as staffing, equipment, space, materials and programming to support the workplace health program beginning with assessment through program evaluation. The Contractor will budget approximately \$50,000-100,000 per small and medium-sized employer worksite and approximately \$50,000 for a large employer worksite with 500 or more full-time employees.

7. The Contractor shall document all steps taken in Establishing the Site-level Workplace Health Improvement Plans including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

Task 6: Implement and Manage Each Site Level Workplace Health program

The Contractor shall ensure all elements of the workplace health improvement plan are implemented at each worksite within each cohort within 12 months of the contract award allow for employee participation during the second 12 months of the project period.

This includes:

1. The Contractor shall implement processes to maximize leadership (CEO/C-Suite) and employee engagement that consist of timelines with specific milestones that address the following:

a. The program's development and progress is regularly reported to the company's leadership (CEO/C-Suite) and employees to develop organizational support.

b. Within the parameters of applicable federal and/or state laws, efforts are made to maximize employee participation. (The use of financial incentives for participating employees within the cohorts is not authorized, however, the Contractor may propose the use of other non financial incentives or work with existing incentive structures already present as allowed by applicable federal and/or state laws). The Contractor will need to be aware of the individual worksite employee population

needs related to age, health literacy, or disability status and interests and identify appropriate interventions for the employee population. For example, a web-based education program would not be appropriate in certain construction firm work environments where the majority of employees do not have access to computers at work.

c. The Contractor has regular interaction and an onsite presence with company leadership (CEO/C-Suite), the workplace wellness committee, and participating employees.

d. Ensuring the program interventions are effectively communicated and marketed no less than on a weekly basis throughout the company.

e. Monitors employee satisfaction with program offerings.

2. The Contractor ensures program delivery of all the workplace health program initiatives and interventions with support of company leadership (CEO/C-Suite) and the workplace health committee.

a. Activities occurring during the program implementation stage include participant registration, program orientation for employees, strategies to maintain employee motivation such as individual goal setting, development of social support systems, program tracking of goals and objectives

3. The Contractor shall document all steps taken in Implementing and Managing Each Site Level Workplace Health Program including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

Task 7: Process and Outcome Evaluation

The Contractor shall be required to conduct process evaluations as part of the workplace health improvement plan to examine all the steps and activities taken in implementing the workplace health program and the outputs they generate, such as the number and type of educational materials for a nutrition education class that are developed and given to participating employees. Process measures will also determine employee exposure (reach and frequency) to the workplace health program. The Contractor shall also be required to conduct outcome evaluations to measure changes in organizational policy or practice; employee participation and engagement; pre/post assessment of employee health behaviors and risks, and behavioral intentions to make lifestyle changes, and absenteeism pertaining to health-related productivity. The Contractor shall work with the CDC program team to determine the most appropriate data collection methods (e.g., a customized survey, interview guide, environmental audit, etc.). Additionally, the Contractor shall work with CDC on the national evaluation of the program including all 7 employer cohorts in identified states and communities to gain an understanding of the impact of the program.

- The Contractor shall create a workplace health program evaluation plan with objectives that are feasible and measurable.
- In addition, outcome evaluation of workplace health program activities within the participating employer cohorts will be

incorporated in the evaluation activities of the overall national network such as the development of employer case studies. The Contractor shall work with the national evaluator to nominate employers within the cohort to be the subject of the case studies. The Contractor shall ensure that any employer-based evaluation activities complement, and are not redundant with, national project evaluation efforts.

- In particular, the Contractor shall be responsible for compiling and reporting to CDC data on the outcome measures identified in the following table. Frequency of reporting is also indicated.
- The Contractor shall document all steps taken in establishing the process and outcome evaluations including any challenges or key success drivers of interest to the national evaluation and include these in their monthly, year-end, and project-end progress reports.

NOTE: As applicable, the Contractor shall prepare the Institutional Review Board (IRB) and/or Office of Management and Budget (OMB) clearance packages for data collection activities. The timeline for securing these packages can take months and need to be started well in advance.

Required Measures

Note: Baseline measures for participating employers within the cohorts will be established during the assessment period (Task 3).

Measure Description Frequency

Outcome Measure 1

Organizational Policy and Practice

Number of new workplace health programs, policies, environmental supports, and practices

Documentation of key steps involved in implementing new workplace health programs, policies, environmental supports, and practices

Changes in social norms, peer support, and work environment related to health promotion

Semi-annual Reporting

Outcome Measure 2

Employee Participation and Engagement

% of employees with access to workplace health program activities

% of employees participating in workplace health program activities

Changes in employee awareness of existing workplace health programs, policies, and environmental supports

Employee satisfaction with program offerings

Quarterly

Reporting

Outcome Measure 3

Health Behaviors/Intentions, Risks,

Tobacco

Pre/Post % of employees who use tobacco

Changes in the number of employees who attempt to quit using tobacco

Changes in employee knowledge, attitudes regarding tobacco use

Physical Activity

Pre/Post % of employees who are regularly physically active

Pre/Post % of employees who are overweight/obese

Changes in the number of employees who attempt to better manage their weight

Changes in employee knowledge, attitudes regarding physical activity

Nutrition

Changes in the number of employees who attempt to make dietary changes (e.g., less sodium, trans-fat, increased fruit and vegetables consumption)

Changes in employee knowledge, attitudes regarding good nutrition

Semi-annual

Reporting

Outcome Measure 4

Absenteeism

Changes in employee absenteeism patterns and rates

Semi-annual Reporting

Task 8: Technical Assistance

The Contractor shall provide technical assistance and/or training to employers and the workplace health council or committee on the development and delivery of the interventions selected as part of the workplace health program. Training and technical assistance activities could include participation in onsite presentations, workshops, teleconferences, webinars, and/or one-on-one interactions. It is important for the purposes of long-term sustainability of the workplace health program that employer capacity be developed during the project period. The Contractor should also propose methods to encourage social support among employers within a cohort and create forums for employers to share successes, barriers, and challenges during the project period.

Task 9: Participating in Activities to Support the National Network

The Contractor shall participate in activities designed to support the implementation of the employer cohort workplace health programs and a national evaluation of the program. Network activities include:

- Training and technical assistance activities organized by CDC;
- Facilitated networking and peer learning with other stakeholders;
- Partnership development between key employer and community-based organizations;
- Participate in kick-off and semi-annual meetings and regularly teleconferences.
- Contributions to the national program evaluation such as aggregate tracking of leadership and employee engagement and participation; organizational practice, policy, and culture changes across the national network; and targeted collection of lessons learned within each employer cohort for the development of case studies.

Task 10: Contract Management

In advance of drafting its employer recruitment, assessment, and workplace health improvement plans for employers within the cohorts, the Contractor shall participate in a kick-off meeting with CDC to review the strategy, goals, objectives, and associated tasks related to this project. This meeting will serve as the time for all parties to establish working relationships and to discuss expectations, CDC's requirements, and initial steps to develop the most effective workplace health programs. The Contractor shall plan for 2 full working days in Atlanta for this kick-off meeting within two week of the effective date of the contract.

The Contractor shall conduct regular biweekly teleconferences with CDC staff on the workplace health program tasks. The Contractor shall provide written monthly progress reports with information about progress toward goals and objectives and any obstacles or issues that must be addressed so that work proceeds on schedule. The Contractor must immediately bring any delays in schedule to the technical monitor's attention and not rely on routine communication, e.g., biweekly teleconferences and monthly reports. If the Contractor and staff are located outside the Atlanta metro area, the Contractor shall budget for four face-to-face meetings in Atlanta with CDC staff (twice annually, although the kick-off meeting will serve as the first quarterly meeting). The Contractor shall prepare a year-end and project-end report (in electronic and hard copy formats) that includes all work conducted for the employer workplace health program.

Estimated number of trips: 2 per year (1 kick-off meeting, 1 semi-annual meeting) for 4 total trips to Atlanta during the duration of the 2-year project.

Items from CDC appropriate for preparation of proposals:

To assist in the preparation of proposals, refer to the following Web sites and articles:

Website:

- CDC's Workplace Health Promotion website: www.cdc.gov/workplacehealthpromotion
- CDC's Communities Putting Prevention to Work Program MAPPS (Media, Access, Point of Decision, Price, Social Support/Services) Intervention Strategies: <http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/strategies/index.htm>
- NIOSH Worklife Program: <http://www.cdc.gov/niosh/worklife/>
- NIOSH Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing: <http://www.cdc.gov/niosh/worklife/essentials.html>
- Health and Sustainability Guidelines for Federal Concessions and Vending Operations: <http://www.gsa.gov/portal/content/104429>; http://www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf
- The Guide to Community Preventive Services website: www.thecommunityguide.org
- US Preventive Services Task Force: <http://www.ahrq.gov/clinic/uspstfix.htm>
- SAMHSA's National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>
- The Purchaser's Guide to Clinical Preventive Services: <http://www.businessgrouphealth.org/preventive/index.cfm>
- Healthy People 2020: www.healthypeople.gov
- Partnership for Prevention's Leading by Example: The Value of Worksite Health Promotion to Small- and Medium sized Employers Guide: http://www.prevent.org/data/files/initiatives/lbe_smse_2011_final.pdf
- Partnership for Prevention's Leading by Example: Leading Practices for Employee Health Management: <http://prevent.org/data/files/initiatives/leadingbyexamplefullbook.pdf>

Articles:

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Period of Performance:

The contract period shall be 24 months from date of award.

Deliverables:

The attached table summarizes the deliverables required for this project based on the tasks therein. The focus of the tasks will be primarily on establishing the workplace health program within the Contractor's employer cohorts (recruitment, assessment, infrastructure building, planning, implementation and evaluation). Additional tasks focus on activities to support the national network (training, technical assistance, networking/mentoring, partnership development, national evaluation).

Criteria for Acceptance:

The contractor, as an independent party and not as an agent of the government, shall provide to the COTR the following when completing deliverables: timeliness; accuracy of data; and crosscheck to monthly/quarterly reports, narratives, and invoices.

Special Clearances:

Design of any data collection or evaluation measurement tools or activities must take into account the requirements for exemptions to OMB public survey clearance procedures. For any methods requiring OMB or IRB clearance, the Contractor shall prepare the appropriate packages for clearance.

The Contractor shall obtain Office of Management and Budget (OMB) approval under the Paperwork Reduction Act for all information collection activities. It may be appropriate for the contractor to develop a generic clearance mechanism under which specific activities can be submitted to OMB; the Contractor is responsible for consulting with CDC and OMB to determine if and how a generic mechanism might facilitate the work in this SOW. The Contractor is responsible preparing the supporting statements and information collection instruments needed to obtain OMB approval under the PRA. The Contractor is responsible for consulting with CDC in the development of the instruments. Although the Contractor may wish to draw on questions that have been used in prior CDC studies, the Contractor should not limit their assessments only to survey items or questions that have been used previously. Even though questions/instruments may have been cleared by OMB for use in other studies, they must be submitted to OMB for clearance in the context of the study design and population specific to this project.

This is not intended to be a research contract. The Contractor shall not use these funds to engage in any form of research involving human subjects without express authorization from the CDC Project Officer and all necessary Institutional Review Boards, exemption-granting entities and/or other organizations whose approval may be required by the Code of Federal Regulations and other applicable state and federal regulations that may be in effect at the time of such proposed research.

IT Security

During any application development or enhancement, the contractor shall work closely with the NCCDPHP Office of Informatics and Information Resources (OIIRM) to ensure all CDC-related technical and security standards, processes and procedures are followed. This working relationship shall continue through full production.

Contractor's performance and resulting deliverables must adhere to all federal, HHS, and/or CDC IT security, privacy and Section 508 policies and procedures. Development or implementation of an electronic information system or any electronic data collection effort conducted in the performance of this contract will be required to complete Certification and Accreditation (C&A) prior to operation resulting in an Authority of Operate (ATO) from CDC. The contractor shall be required to complete all security documentation and materials required to obtain an ATO. The contractor shall comply with all applicable HHS, CDC, FISMA, HIPPA, NIST, and other federal policies and regulations in the performance of the security requirements.

Web Application development projects should follow the CDC Secure Web Application Coding Guidelines which can be provided by the Project Officer or ISSO. All information systems development or implemented in support of this contract must adhere to the security controls outlined in the National Institute of Standards and Technology (NIST) Special Publication 800-53, Recommended Security Controls for Federal Information Systems and Organizations (<http://csrc.nist.gov/publications/nistpubs/800-53-Rev3/sp800-53-rev3-final-errata.pdf>).

The Contractor must follow the guidance in NIST Special Publications, Guidelines on Securing Public Web Servers, NIST publication SP 800-44 (<http://csrc.nist.gov/publications/nistpubs/800-44-ver2/SP800-44v2.pdf>) and Guide to Secure Web Services, NIST publication SP 800-95 (<http://csrc.nist.gov/publications/nistpubs/800-95/SP800-95.pdf>). See the Web Application Security Consortium (<http://www.webappsec.org>) and the Open Web Application Security Project (OWASP - <http://www.owasp.org>) for tips on how to avoid security problems in Web applications.

508 Compliance

All IT development must adhere to Section 508 of the 1986 addition to the Rehabilitation Act of 1973.

There are three regulations addressing the requirements detailed in Section 508:

- The Section 508 technical and functional standards are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>
- The Federal Acquisition Regulation (FAR) Part 39.2 requires that agency acquisitions of Electronic and Information Technology (EIT) comply with the Access Board's standards. The entire FAR is found at Chapter 1 of the Code of Federal Register (CFR) Title 48, located at <http://www.acquisition.gov>. The FAR rule implementing Section 508 can be found at <http://www.section508.gov>.
- The HHS Acquisition Regulation (HHSAR) which can be found at <http://www.hhs.gov/policies/hhsar/>

Project Management

The contractor will follow the DHHS Enterprise Performance Life Cycle (EPLC) framework which will provide a standard structure for planning, managing, and overseeing IT projects over their entire life cycle. The framework consists of ten life

cycle phases. Within each phase, activities, responsibilities, reviews and deliverables are defined. Exit criteria are established for each phase and Stage Gate reviews are conducted through the IT Governance process to ensure that the project's management quality, soundness, and technical feasibility remain adequate and the project is ready to move forward to the next phase. All IT projects in support of this task must adhere to the EPLC requirements and pass each State Gate as appropriate. More information about EPLC can be found at <http://www.hhs.gov/ocio/eplc/>.